

Case Number:	CM14-0137022		
Date Assigned:	08/29/2014	Date of Injury:	02/04/2012
Decision Date:	10/07/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 23 year old male injured on 02/04/12 when he became pinned between the loading dock and a trailer between his abdomen region to his bilateral hips. The injured worker sustained fractures to his low back, a punctured abdomen, open fracture to the left upper extremity, and tears through his left shoulder. The injured worker underwent an ORIF of the left humeral shaft with irrigation, debridement, and placement of plate into screws. Extensive physical therapy, psychotherapy, Cortisone injections to the left shoulders, and medication management has been obtained to date. Current diagnoses include lumbosacral spondylosis without myelopathy, lesion of radial nerve, and injury to radial nerve. Clinical note dated 07/28/14 indicated the injured worker presented complaining of low back pain radiating to the shoulder and occasional stabbing pain to the left arm. Documentation indicated the injured worker recovering from arthroscopic shoulder surgery performed on April of 2013. The injured worker reported some depressive symptoms due to chronic pain and disability. The injured worker rated pain at 9/10. Medications included Oxycodone, Morphine, Vicodin, Lidoderm, Percocet, Cymbalta, Lyrica, MS Contin, and Norco 10/325mg. The initial request for genetic metabolism test and genetic opioid wrist test was initially determined not medically necessary on 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Genetic Metabolism Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center, Millennium Pain. "Pharmacology of opioids in the treatment of chronic pain syndromes." Pain Physician 14 (2011): E343-E360.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Genetic testing for potential opioid abuse

Decision rationale: As noted in the Official Disability Guidelines - Online version, current research is experimental in terms of testing for genetic metabolism. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. As such, the request for Genetic Metabolism Test cannot be recommended as medically necessary.

Genetic Opioid Risk Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Genetic testing for potential opioid abuse

Decision rationale: As noted in the Official Disability Guidelines - Online version, current research is experimental in terms of testing for genetic opioid risk. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. As such, the request for Genetic Opioid Risk Test is not medically necessary.